



1fr 2614 ✓

CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on May 5, 2006

Marianne Boland
Marianne Boland

In Re Application of:

Harold J. Plourde, Jr.

Serial No.: 10/010,270

Filed: December 6, 2001

Confirmation No.: 5626

Group Art Unit: 2614

Examiner: Wilder, Peter C.

Docket No.: A-7182 (191910-1940)

**For: Controlling Substantially Constant Buffer Capacity For
Personal Video Recording With Consistent User
Interface Of Available Disk Space**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Letter
Response
Information Disclosure Statement
Form PTO-1449
Fee Transmittal
Credit Card Payment Form in the amount of \$180.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

| | | | |
|--|--|--------------------------|------------------------|
| | Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Complete if Known | |
| | SEE TRANSMITTAL For FY 2006 | Application Number | 10/010,270 |
| | | Filing Date | December 6, 2001 |
| | | First Named Inventor | Harold J. Plourde, Jr. |
| | | Examiner Name | Wilder, Peter C. |
| | | Art Unit | 2614 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Attorney Docket No. | A-7182 (191910-1940) | |
| TOTAL AMOUNT OF PAYMENT (\$180.00) | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | Filing Fees | | Search Fees | | Examination Fees | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee (\$) | Small Entity Fee(\$) | Fee (\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESSIVE CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee(\$) |
|--|----------|----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|---------------|---------------------------|----------|---------------|
| -20 or HP = | | 0 | 0 | | | |
| HP = highest number of total claims paid for, if great than 20 | | | | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|
| -3 or HP = | | 0 | 0 |
| HP = highest number of total claims paid for, if great than 3 | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 = | /50= | (round up to a whole number) x | 0 = | 0 |

4. OTHER FEE(S)

| | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | 0 |
| Other: Information Disclosure Statement | \$180.00 |

| | | | |
|--------------------|--------------|--------------------------|-------------------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Signature | | Registration No. 47,034 | Telephone Number 770-933-9500 |
| Name: (Print/Type) | David Rodack | Date: | 5-5-06 |